

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/21/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2010
NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS An annual recertification survey and Complaint investigation #'s 25683, 25839, 25898, and 26036, were completed on July 13, 2010, through July 15, 2010, at Madison Healthcare. No deficiencies were cited related to Complaint investigation #'s 25683, 25839, and 25898, under 42 CFR Part 483.13, Requirements for Long Term Care Facilities. Deficiencies were cited for Complaint investigation #26036.	F 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to provide assistance needed to attend activities, for one resident (#5), of twenty residents reviewed. The findings included: Resident #5 was admitted to the facility, on August 12, 2009, with diagnoses of Multiple Sclerosis. Medical record review of the Minimum Data Set (MDS) dated June 28, 2010, revealed the resident was dependent on staff for dressing and transfers. Medical record review of the care plan dated June 30, 2010, revealed "...observe for resident up in electric wheelchair and encourage participation in special events and activities of interest such as bingo...Coordinate	F 248	F 248 It is the practice of this facility to provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident. The DNS and ADNS reviewed and adjusted the C.N.A. schedule July 20, 2010 for Resident # 5 to ensure staff has adequate time to have resident up in powered wheelchair and attend the activities of her choice. An interview with all residents will be conducted by the Activity Director and Activity Assistant no later than August 3, 2010 to ensure they have the opportunity to attend the activities of their choice. The Activity Director, Activity Assistant, DNS, and ADNS will review the outcome of the interviews no later than August 6, 2010 and make the necessary corrections related to nursing schedules to ensure all residents have the opportunity to attend the activities of their choice. Resident's Plan of Care (POC) will be updated as needed. Re-training for C.N.A. was provided by the Staff Development Coordinator (SDC),	8/17/2010	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Chellie Chang, E.D.

7/29/10

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 248	Continued From page 1 with nursing for resident to be up and ready for Friday morning Bingo..." Medical record review of a Social Services note dated June 23, 2010, revealed "...upset that (resident) can't be up for preferred activities some days... This has been dealt with so (resident) can be up when (resident) wants to." Interview with the resident on July 13, 2010, at 2:00 pm, in the resident's room, revealed the resident wanted to attend the Bingo games at 10:00 a.m., on Saturday, Monday, and Friday. Continued interview with the resident revealed the resident had been rarely able to attend the bingo games related to staff not getting the resident dressed and transferred to the power wheelchair by 10:00 a.m., to participate on the mornings of the scheduled bingo. Interview with the Activity Director, in the activities room, on July 14, 2010, at 1:45 p.m., revealed bingo games were scheduled at 10:00 a.m., on Mondays, Fridays, and most Saturdays. Continued interview with the activity director confirmed the resident did like to attend bingo games, but required staff to dress and transfer the resident into the power wheelchair. Further interview with the activity director confirmed the resident was able to drive the chair independently to the bingo game. Interview with the activity director confirmed since June 23, 2010, the resident had attended the bingo games only one time (July 2, 2010).	F 248	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> F 248 Continued Director of Nursing (DNS), and Assistant Director of Nursing (ADNS) on July 22, 31 and scheduled Aug. 1, 2010 regarding providing residents the opportunity to attend the activities of their choice to enhance the physical, mental, and psychosocial well-being of each resident. The Activity Director or Activity Assistant will notify the DNS, ADNS, and / or Nursing Supervisor daily of residents who were unable to attend activities due to nursing scheduling issues. The DNS, ADNS, and Activity Director will develop an action plan to coordinate nursing schedules to ensure residents have the opportunity to attend activities. The Activity Director and/or Activity Assistant will audit the activity attendance records weekly for 4 weeks or until substantial compliance is achieved and monthly thereafter to review compliance. The Activity Director will report the results of these audits, along with any corrective and / or disciplinary action to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, Social Service, Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as indicated.		
F 281 SS=D	483.20(k)(3)(i) SERVICES PROVIDED MEET PROFESSIONAL STANDARDS The services provided or arranged by the facility must meet professional standards of quality.	F 281		8/17/2010	

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F 281	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to obtain a physician's order for oxygen administration for one resident (#7) and failed to obtain and follow physician's orders for one resident (#17) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was readmitted to the facility on May 21, 2010, with diagnoses including Chronic Obstructive Pulmonary Disease, Atherosclerotic Heart Disease, Bladder Cancer, and a history of a Cerebral Vascular Accident.</p> <p>Medical record review of a Resident Progress Note, dated June 1, 2010, at 12:05 a.m., revealed "...O2 (oxygen) @ (at) 2L (liters) / (per) minute via N/C (nasal cannula)..." Medical record review of a Resident Progress Note dated June 1, 2010, at 10:30 a.m., revealed "...O2 conts (continuously) @ 2L pm (per minute)..." Medical record review of a Resident Progress Note dated June 4, 2010, 10:15 a.m., revealed "...on O2 @ 2L..." and on June 18, 2010, 10:30 a.m., "...on O2 @ 2L/via N/C..."</p> <p>Medical record review of Physician's Orders Dated June 1, 2010, through June 30, 2010, revealed no order for oxygen administration.</p> <p>Observation on July 14, 2010, at 9:10 a.m., in the resident's room revealed, the resident lying in bed watching television. Continued observation revealed, an oxygen concentrator at the bedside, oxygen tubing in a plastic bag hanging from the</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 281 It is the practice of this facility for the services provided or arranged by the facility meet professional standards of quality.</p> <p>The physician for Resident #7 was notified on 7/14/2010 that upon assessment, interview and review of the medical records he uses oxygen per NC @ 2L (per minute) intermittently. An order was obtained for resident to have oxygen per NC 2L pm intermittently as needed. Family notified 7/14/2010 of order and Plan of Care updated and current with physician orders.</p> <p>Residents using oxygen at bedside will be assessed and medical record audited to determine adherence to physician orders by August 4, 2010. Resident's POC will be updated and current with physician orders as needed.</p> <p>Re-training for licensed nursing staff was provided by the SDC, DNS, and ADNS on July 21, 24, 25, 2010 regarding: a) procedures to assure physician orders have been received or standing physician orders have been properly followed for interventions based upon physical assessment; b) follow up with ER department when resident returns with no discharge instructions or family or resident</p>	8/17/2010	

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F 281	<p>Continued From page 3</p> <p>front of the concentrator. Observation revealed the oxygen tubing was dated 7/8/10 and the concentrator was turned off.</p> <p>Interview with the resident on July 14, 2010, at 10:00 a.m. revealed, "...I use it (oxygen) sometimes when I need it. They turn it on for me..."</p> <p>Interview with the Director of Nursing on July 14, 2010, at 10:20 a.m., at the Nurses Station, confirmed the resident had received intermittent oxygen without physician's order.</p> <p>Resident #17 was admitted to the facility on May 26, 2010, with diagnoses including Gastroesophageal Reflux Disease, Schizophrenia, Obsessive Compulsive Disorder, Bulimia and was discharged from the facility on June 14, 2010.</p> <p>Medical record review of a Resident Progress Note dated May 28, 2010, revealed "...c/o (complaints of) Abdominal Pain...Zofran was given prior to shift start...then Maalox at 2100 (9:00 p.m.)-no relief-call oncall...send to ER (emergency room)..."</p> <p>Medical record review of a Resident Progress Note dated June 4, 2010, revealed "...Clarification of Entry 5/30 Pt's mother called from ER and stated...had a prescription of Carafate-and Pt (patient) was Dx (diagnosed) (with) ulcers...inquired about filling prescription which I stated that was not our policy and it would not take as long to fill this through us-no paperwork was sent when patient arrived from ER. No orders or prescription delivered...Pt arrived close to 1: AM..."</p>	F 281	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 281 Continued</p> <p>indicates ER staff gave specific verbal instructions. The nurse signing and noting a new order is responsible for following through to assure all directive of that order are put into place.</p> <p>The DNS, ADNS, or Nursing Supervisor will complete weekly audits for at least one month or until substantial compliance is achieved then monthly for three months then quarterly for six months to review compliance. The DNS and/or ADNS during the weekday morning meeting will review the 24 hour nursing report for any resident ER visits and review affected records to ensure timely implementation of any physician orders related to the ER visit if any has been completed and/or initiated.</p> <p>These audits will be maintained by the DNS. The DNS will report the results of these audits, along with any corrective and/or disciplinary action to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, Social Service, Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.</p>	8/17/2010	

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F 281	Continued From page 4 Medical record review of the Discharge Instructions dated May 29, 2010, from the Emergency Room, revealed "...Peptic Ulcer Disease VS (versus) Gastritis...Your Prescriptions: Carafate Oral Suspension 1 GM (gram)/10 ml (milliliters) 2 teaspoonsful before meals and at bedtime...Follow Up Information on 5/23/2010 this patient was treated in the Emergency Department...The patient was asked to follow up in 3 to 5 days..." Interview on July 14, 2010, at 9:45 a.m., with the Director of Nursing, in the conference room, confirmed the order for the Carafate had not been obtained by the facility and the Carafate was never administered to the resident.	F 281	This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.		
F 371 SS=F	C/O #26036 481.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced by Based on observation and interview the facility failed to maintain kitchen equipment in a sanitary manner; failed to maintain resident tray line food at or above 140 degrees Fahrenheit (F); and	F 371	F 371 It is the practice of this facility to 1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and 2) Store, prepare, distribute and serve food under sanitary conditions. 1. The can opener blade and slot were cleaned of dried and sticky debris, July 13, 2010. The can opener will be mounted flush to the table and sealed to prevent debris from collecting and building on the underside of the base by 8/10/2010. 2. July 13, 2010 the blades on the slicer were cleaned of dried debris, the food slide was cleaned of a black greasy smear, and the food holder and attachments and cleats were properly cleaned. 3. July 15, 2010 the range top burners, back-splash were cleaned of blackened debris and spill pan cleaned of dried, burnt food debris, and black debris. 4. July 14, 2010 The inside and floor of the reach-in refrigerator, with built-in rack containing tray line food items was cleaned of and accumulation of debris. The sanitizer mechanism was immediately		8/17/2010

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F 371	<p>Continued From page 5</p> <p>failed to sanitize dishes processed through the dish machine.</p> <p>The findings included:</p> <p>Observation on July 13, 2010, beginning at 10:28 a.m., and 3:45 p.m., of the dietary department equipment revealed the following:</p> <ol style="list-style-type: none"> 1.) The can opener blade and slot had a build-up of dried and sticky debris. The can opener base was not attached flush to the table top and had a build-up of dried and greasy debris on the underside of the base and the table surface. 2.) The slicer was covered with a plastic bag. Further observation revealed the slicer had dried debris attached to both sides of the blade. The food slide had a black greasy smear. The food holder attachment and cleats had dried particles attached. 3.) The range top, burners and back-splash had a thick accumulation of blackened debris. The range spill pan had a deep layer of dried, burnt food debris including a heavy accumulation of black debris on the surface of the foil lining and the surface of the spill pan. 4.) The reach-in refrigerator, with built-in racks, containing tray line food items and produce had an accumulation of debris built-up on the floor of the refrigeration unit. <p>Interview, with the Dietary Manager, present during the above observations on July 13, 2010, beginning at 10:28 a.m., and 3:45 p.m., confirmed the can opener blade, slot and underside of the base and table surface had dried, sticky, and</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 371 continued</p> <p>repaired by an EcoLab technician prior to the next meal to be served on July 14, 2010 and dishes rewashed prior to ensure they were properly sanitized.</p> <p>Re-training of the dietary staff was completed by the Dietary Manager (DM) on July 22, 2010 regarding storing, preparing, distributing and serving food under sanitary condition, preheating steam table and maintaining resident tray line food at or above 140 degrees Fahrenheit (F), documenting dish machine temperatures and test results three times daily, with every meal cycle, and notifying DM immediately of any supplies needed to assure storing, preparing, distribution and serving food are done under sanitary conditions. Failure for staff to follow policy and procedures for storing, preparing, distributing, and serving food under sanitary conditions will lead to disciplinary actions up to and including termination.</p> <p>The DM and Registered Dietician (RD) will review the cleaning schedule on July 29, 2010 and make necessary adjustments. The DM will re-educate staff August 1, 2010 regarding cleaning schedule and accountability to follow schedule. The DM</p>		

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F 371	<p>Continued From page 6</p> <p>greasy debris present. Further interview revealed the slicer was covered with plastic because it was clean and ready to use. Further interview confirmed both sides of the slicer had dried debris attached to the blade. Continued interview confirmed the slicer food slide had a black greasy smear and the food holder attachment and cleats had dried particles attached. Continued interview confirmed the range top, burners and back-splash had a thick accumulation of blackened debris. Further interview confirmed the range spill pan had a deep layer of dried, burnt food debris including a heavy accumulation of black debris on the surface of the foil and the surface of the spill pan. Further interview confirmed the reach-in refrigerator, with built-in racks, had an accumulation of debris on the unit floor.</p> <p>Observation on July 14, 2010, at 11:34 a.m., in the Ruby Room dining room revealed the dietary cook obtaining the food temperatures. Observation revealed the chicken livers in gravy were 130 degrees F, potato wedges were 140 degrees F, pureed potatoes and pureed meat were 120 degrees F. The food items were removed at 11:43 a.m. to be reheated in the main kitchen. Observation on July 14, 2010, at 11:54 a.m., revealed the food items placed back in the Ruby Room dining room steam table. Observation revealed the dietary cook obtaining the following temperatures: potato wedges and pureed meat were 120 degrees F. Further observation revealed two steam table wells were set on 4 and the center well was set on 5 of 7 levels (7 being the hottest setting). Further observation revealed the wells and burners were not hot to the touch.</p> <p>Observation on July 14, 2010, at 12:05 p.m.,</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 371 continued</p> <p>will utilize the Nutrition Services: "Quick Rounds" PI tool five days a week for one month or until substantial compliance has been achieved and determine adherence to policy and procedures then 3-5 days a week thereafter. Quick Rounds will be done by the ED weekly. The RD will make weekly rounds with the DM utilizing the Nutrition Services: "Quick Rounds" PI tool each visit and issues identified will be corrected immediately. The DM will complete the Nutrition Services: "Sanitation/Food Safety Checklist", "Evaluation Summary", and "Evaluation Dining Review" PI tools monthly and the RD will review monthly for recommendations as needed.</p> <p>The DM will report the results of these PI tools, along with any corrective and/or disciplinary action to the facility performance improvement committee (Administrator, DNS, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.</p>	8/17/2010	

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F 371	<p>Continued From page 7</p> <p>revealed the Maintenance Director checking the operational status of the steam table in the Ruby Room dining room.</p> <p>Interview, with the Dietary Manager, present during the obtaining of food temperatures, and the cook obtaining the temperatures, in the Ruby Room on July 14, 2010, beginning at 11:34 a.m., confirmed the chicken livers in gravy were 130 degrees F, potato wedges were 140 degrees F, pureed potatoes and pureed meat were 120 degrees F. Further interview revealed the potato wedges had been removed to be reheated because they were at the lowest acceptable temperature. Further interview confirmed the food was reheated, returned to the dining room steam table with temperatures of 120 degrees F for the potato wedges and the pureed meat. Continued interview confirmed the steam table wells were set on 4 and 5 of 7 and the wells and burners were not hot to the touch.</p> <p>Interview, with the Maintenance Director at 12:05 p.m., and the Administrator at 1:30 p.m., on July 14, 2010, in the Ruby Room dining room, revealed the steam table was operating properly but needed fifteen minutes to heat before food was placed in wells in order to maintain the temperature.</p> <p>Observation, on July 14, 2010, at 1:38 p.m., revealed the dish machine was in operation and staff were stacking dishes into storage units. Observation of the manufacturer's recommendation revealed the chlorine sanitizer was to be a minimum of 50 ppm (parts per million). Observation revealed the dietary employee working the dirty side of the machine</p>	F 371			

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F 371	<p>Continued From page 8</p> <p>obtained a test strip which yielded no results. Observation revealed the same employee repeating the test with a new test strip which also yielded no results.</p> <p>Interview, with the dietary employee obtaining the sanitizer results, on July 14, 2010, at 1:38 p.m., confirmed both test strips did not yield results. Further interview revealed this employee "had ruined a vial of test strips about three days ago and had not tested the dish machine in those three days." Further interview revealed this employee had not informed the Dietary Manager of the "ruined strips." Continued interview revealed the dish machine temperatures and test results were to be documented three times daily, with every meal cycle.</p> <p>Interview, with the Dietary Manager, present during the dish machine operation observations, on July 14, 2010, at 1:38 p.m., confirmed the test strips revealed no results indicating no sanitizer in the sanitizer cycle of the dish machine operation. Further interview confirmed there were no dish machine log documentation of the wash and rinse temperatures or the test strip results.</p> <p>Interview, with the Maintenance Director, on July 14, 2010, at 1:40 p.m., revealed the dish machine sanitizer mechanism had malfunctioned and was not pumping the sanitizer into the machine.</p>	F 371	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p>	8/17/2010	
F 456 SS=E	<p>483. (c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p>	F 456	<p>F 456</p> <p>It is the practice of this facility to maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>The Maintenance Director (MD) made a temporary repair to the two door reach-in refrigerator and called the Hobart Service refrigeration technician. A new two door reach-in was ordered July 26, 2010 as a "maintenance emergency" per facility "Capital Budget Request and Standard Requisition Form" #J741616.</p> <p>The DM will complete "work orders" for the MD on equipment found not operating properly and give a copy to the Executive Director (ED). The MD will advise the ED of dietary equipment not in safe operating condition and an action plan to get the equipment to working order. The Preventive Maintenance (PM) schedule will be followed to assure essential mechanical, electrical, and patient care equipment is in a safe operating condition. The PM program schedule will be maintained by the MD. The MD will report the results of PMs performed according the PM program schedule along with any corrective and/or disciplinary action to the facility performance</p>		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445075	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/15/2010
NAME OF PROVIDER OR SUPPLIER MADISON HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 431 LARKIN SPRING RD MADISON, TN 37115		
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F 456	<p>Continued From page 9</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to maintain a dietary department two door reach-in refrigerator in a safe operational manner.</p> <p>The findings included:</p> <p>Observations on July 13, 2010, at 10:30 a.m., and 3:43 p.m., and July 14, 2010, at 7:53 a.m., and 1:40 p.m., revealed a two door reach-in refrigerator, with built-in racks, containing tray line items and produce, had pooled water on the floor of the unit and on the rungs of the racks. Further observation revealed water on the floor of the unit was coming over the lip of the floor and coming out of the bottom of the door onto the floor in front of the unit.</p> <p>Interview with the Dietary Manager, present during the observation, on July 13, 2010, at 10:30 a.m., confirmed the two door reach-in refrigerator, with built-in racks, containing tray line items and produce, had pooled water on the floor of the unit and on the rungs of the racks and had water coming out of the door onto the floor. Further interview revealed the maintenance staff had worked on it prior and the problem was condensation build-up.</p> <p>Interview with the Maintenance Director, on July 13, 2010, at 3:45 p.m., and July 14, 2010, at 1:38 p.m. in front of the two door reach-in refrigerator, with built-in racks, containing tray line items and produce, confirmed the unit was not processing the condensation and the condensation was building up and pooling on the floor and rungs.</p>	F 456	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 456 continued</p> <p>improvement committee (Administrator, DNS, ADNS, SDC, Social Service, Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as needed.</p>	8/17/2010	
F 514 SS=D	483.15(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIB	F 514			

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F 514	<p>Continued From page 10 LE</p> <p>The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, facility policy review, and interview, the facility failed to ensure complete documentation in the medical record for one resident (#17) of twenty residents reviewed.</p> <p>The findings included:</p> <p>Resident #17 was admitted to the facility on May 26, 2010, with diagnoses including Gasroesophageal Reflux Disease, Schizophrenia, Obsessive Compulsive Disorder, and Bulimia.</p> <p>Medical record review of the physician's admission orders dated May 26, 2010, revealed, "...Claritin 10mg po (by mouth) qd (everyday)..."</p> <p>Medical record review of the physician's orders dated June 1, 2010, through June 30, 2010, revealed, "...Claritin...10mg po qd..."</p> <p>Medical record review of the Medication Record</p>	F 514	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 514</p> <p>It is the practice of this facility to maintain clinical records on each resident in accordance with accepted professional standards and practices that are accurately documented.</p> <p>Resident # 17 was discharged on June 14, 2010.</p> <p>Re-training was provided by the SDC, DNS, and ADNS to licensed nursing staff on July 21, 24, 25, 2010 regarding the "Medication Administration" policy. Re-training was provided by the SDC, DNS, and ADNS to the C.N.A. staff on July 22, 31, 2010 and August 1, 2010 regarding properly documenting showers on the ADL Records. The DNS, ADNS, SDC, and / or Nursing Supervisor will audit a minimum of 25% of the Medication Administration Record (MAR) at least two to three times weekly until substantial compliance has been achieved then weekly for one month and monthly thereafter to assure compliance of the "Medication Administration" policy. The DNS, ADNS, SDC, or Nursing Supervisor will audit a minimum of 25% of the ADL Records two to three times weekly until</p>	8/17/2010	

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F 514	<p>Continued From page 11</p> <p>dated May 1, 2010, through May 31, 2010, revealed the 9:00 a.m., doses of Claritin 10 mg po on May 29, 30, and 31, blank as not administered. Medical record review of the Nurse's Medication Notes (back of medication record) dated May 1, 2010, through May 31, 2010, revealed no documentation related to the administration of the Claritin.</p> <p>Medical record review of the Medication Record dated June 1, 2010, through June 30, 2010, revealed the 9:00 a.m., doses of Claritin 10 mg po on June 4, 5, 6, and 12, 2010, circled as not administered, the 9:00 a.m. doses of Claritin 10mg po qd on June 8, 2010, and June 10, 2010, blank as not administered. Medical record review of the Nurse's Medication Notes (back of medication record) revealed no documentation why the Claritin was circled as not administered on June 4, 5, 6, and 12, 2010.</p> <p>Medical record review of a Resident Progress Note dated May 28, 2010, revealed, "...Resident c/o ausea...given Zofran 4mg (with) good results...Maalox (af) 2100 (9:00 p.m.)..." Medical record review of the Medication Record dated May 28, 2010, revealed no documentation the Zofran or Maalox was administered.</p> <p>Medical record review of the Flow Sheet Record dated June 1, 2010, through June 30, 2010, revealed, "...Showers 2 x's per week Q (every) Sat (Saturday)..." Medical record review of the Flow Sheet Record dated June 1, 2010, through June 30, 2010, revealed no documentation on Saturday, June 12, 2010, a shower had been given.</p> <p>Review of facility policy, Medication</p>	F 514	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 514 continued</p> <p>substantial compliance has been achieved then weekly for one month and monthly thereafter to assure resident receive showers as outlined in their POC.</p> <p>The DNS will report the results of these audits, along with any corrective and/or disciplinary action to the facility performance improvement committee (Administrator, DNS, ADNS, SDC, Social Service, Activities Director, Case Manager, MDS Coordinator, Maintenance Supervisor, and Medical Director at least quarterly) at its monthly meeting for review and recommendations as indicated.</p>	8/17/2010	

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F 514	<p>Continued From page 12</p> <p>Administration, revealed "...Documentation on the resident's MAR (medication administration record) by...the person administering the medication in the space provided under the date and on the line for that specific medication dose administered...if PRN (as needed) medication is administered, initial space provided and on the back of MAR...Document date, time of administration, dose, route...Document withheld, refused...by circling initialed space and providing an explanation of the reverse side of MAR..."</p> <p>Interview on July 15, 2010, at 8:00 a.m., in the conference room, with the Director of Nursing, confirmed the documentation was not complete on the Medication Record or the flow sheet record.</p> <p>C/O #26036</p>	F 514			